

U.S. Department of Energy

OAK RIDGE OPERATIONS OFFICE

ANNOUNCEMENT

3792

October 16, 2002

SUBJECT: INFLUENZA VACCINE

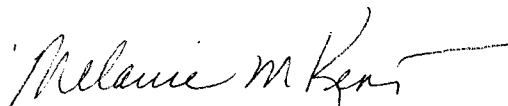
Influenza Vaccine is now available for Department of Energy employees. The vaccine, recommended by the U.S. Public Health Service for the 2002-2003 influenza season, will provide protection against A/New Caledonia/20/99 (H₁N₁), A/Panama/2007/99 (H₃N₂) (an A/Moscow/10/99-like strain) and B/Hong Kong/1434/2002 (a B/Hong Kong/330/2001-like strain). Immunity declines in the year following a vaccination; therefore, a vaccination for the 2001-2002 season does not preclude the need to be revaccinated for the 2002-2003 season.

Employees who wish to be vaccinated should read and complete the attached Patient Informed Consent Form prior to receiving their injection. **Please bring the completed portion when you come for your injection.** Employees under 18 years of age must bring written permission from a parent or guardian before receiving the vaccine. Only one injection is needed per person.

Individuals who are allergic to eggs, chicken, chicken feathers, chicken dander, or any component of the vaccine should not receive it except from their private physician. Individuals who have any acute respiratory disease, active infection, or are pregnant should not receive the vaccine. If you are allergic to Thimerosal, a component of the vaccine, you should request the injection from your private physician.

The Health Station is located in Room 1207 of the Federal Building and maintains office hours Monday through Friday from 8 a.m. to noon and four afternoons from 1 to 4:30 p.m. On Wednesday afternoons, the Health Station at the Office of Scientific and Technical Information, located in Room 241, is staffed from 1:30 to 4:30 p.m. A schedule for receipt of the vaccine has already been coordinated with most organizations. Please check with your office manager for the date and time allotted for your organization.

If you have questions about the Influenza Vaccination Program, please call Nurse Housley at 576-0682.



Melanie M. Kent, Chief
Personnel and Management
Analysis Branch

Attachment

**FLUZONE GROUP IMMUNIZATION
PATIENT INFORMED CONSENT FORM**

Influenza Virus Fluzone Vaccine. Trivalent, Types A & B, Aventis Pasteur

2002-2003 Season: A/New Caledonia/20/99 (H₁N₁), A/Panama/2007/99 (H₃N₂) (an A/Moscow/10/99-like virus) and B/Hong Kong/1434/2002 (a B/Hong Kong/330/2001-like strain)

THE FLU – Influenza (flu) is a respiratory infection caused by viruses. When people get the flu, they may have fever, chills, headache, dry cough, or muscle aches. Illness may last several days, a week, or more, and complete recovery is usual. However, complications may lead to pneumonia or death in some people. Influenza can cause severe malaise lasting several days.

It is not possible to estimate the risk of an individual getting the flu this year, but for the elderly and for people with diabetes, heart, lung, or kidney diseases, the flu may be especially serious. The vaccine is recommended for persons 50 years of age and older and those who do not wish to have the flu.

THE VACCINE - An injection of the flu vaccine will not give you the flu because the vaccine is made from an inactivated, split virus. The vaccine is made from viruses selected by the Office of Biologics, Food and Drug Administration, and the Public Health Service.

RISKS AND POSSIBLE SIDE REACTIONS – Side effects of flu vaccine are generally mild in adults and occur at low frequency. These reactions consist of tenderness at the injection site, fever, chills, headaches, or muscular aches. These symptoms may last up to 48 hours and occur 6-12 hours after vaccination.

A small number of persons who received the 1976 Swine Flu Vaccine suffered a paralysis called Guillain-Barre Syndrom (GBS). GBS is typically characterized by a paralysis that begins in the hands or feet and then moves up the arms or legs or both. GBS is usually self-limiting, and most persons with GBS recover without permanent weakness. In approximately 5 percent of the cases a permanent or even fatal form of paralysis may occur. In 1976, GBS appeared with excess frequency among persons who had not received the 1976 Swine Flu Vaccine. For the 10 weeks following vaccination, the risk of GBS was found to be approximately 10 cases for every 1 million persons vaccinated. This represents a 5 to 6 time higher risk than in unvaccinated persons. Younger persons (under 25 years of age) had a lower risk than others and also had a lower case fatality rate.

Data on the occurrence of GBS have been collected during three flu seasons since the surveillance began in 1978. This data suggests that, in contrast to the 1976 situation, the risk of GBS in recipients of flu vaccine was not significantly higher than in nonvaccines. Nonetheless, persons who receive flu vaccines should be aware of this possible risk as compared with the risk of flu and its complications.

SPECIAL PRECAUTIONS – Children under 6 months of age and pregnant women should consult with their personal physicians before receiving this vaccine. The safety and efficiency of the vaccine between 6 months and 4 years has not been established.

Persons who are allergic to eggs, chickens, chicken feathers, chicken dander, or to any component of the vaccine should not receive this vaccine until they have consulted their personal physicians. Delay vaccination in persons with active neurological disorder but vaccinate when disease is stable. It is also contraindicated to administer fluzone to people allergic to Thimerosal

Persons with fever should not receive this vaccine. Persons who have received another type of vaccine within the past 14 days should see their personal physicians before receiving this vaccine.

If you have a reaction, see your personal physician immediately. If you have any questions, please ask.

-----DO NOT CUT OR TEAR-----

CONSENT 2002-2003
INFLUENZA FLUZONE VIRUS VACCINE
Aventis Pasteur
Lot U0922AA, Expiration Date: 06/30/2003

I have read the above information and have had an opportunity to ask questions. I understand the benefits and risks of the flu vaccination as described. I request that the vaccine be given to me or to the person named below for whom I am authorized to sign. 2002-2003 A/New Caledonia/20/99 (H₁N₁), A/Panama/2007/99 (H₃N₂) (an A/Moscow/10/99-like virus) and B/Hong Kong/1434/2002 (a B/Hong Kong/330/2001-like strain).

INFORMATION CONCERNING PERSON TO RECEIVE INFLUENZA VACCINE

NAME (Please Print)	DATE OF BIRTH	AGE
ADDRESS	CITY	STATE
		ZIP
SIGNATURE OF PERSON TO RECEIVE VACCINE (OR PARENT/GUARDIAN)		DATE

.5cc Influenza Vaccine Administered

By: _____ Time: _____ Site: _____
RN Signature